

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00556860

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer

Kathleen Cogan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		105901.09
(b) Cash on Hand at Beginning of Reporting Period.....	105901.09	
(c) Total Receipts (from Line 19)	7084.00	112985.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	112985.09	218886.18
7. Total Disbursements (from Line 31)	7970.16	7970.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105014.93	105014.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5454.93	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

5000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5000.00

5000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2084.00

107985.09

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

7084.00

112985.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7084.00

112985.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

7084.00

112985.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4747.18	4747.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4747.18	4747.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3222.98	3222.98
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7970.16	7970.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7970.16	7970.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7084.00	112985.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7084.00	112985.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4747.18	4747.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4747.18	4747.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2014

Transaction ID : INCA86

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gale Kaufman

Mailing Address 1510 J Street, Suite 210

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaufman Campaign Consultants, Inc.

Occupation

Political Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2014

Transaction ID : IDTA42

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo PAC

Mailing Address 518 Garden Street

City State Zip Code
 Santa Barbara CA 93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4084.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : NONA9

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo PAC

Mailing Address 518 Garden Street

City State Zip Code
 Santa Barbara CA 93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4084.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : INCA23

Amount of Each Receipt this Period

2084.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund of the Pacific Southwest PAC

Mailing Address 1075 El Camino del Rio South

City State Zip Code
 San Diego CA 92108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22178.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : NONA16

Amount of Each Receipt this Period

7383.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2084.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5 HCB
.

Form/Schedule: SA11C

Transaction ID : NONA9

Original contribution received 11/7/13

Form/Schedule: SA11C

Transaction ID: NONA16

Original contribution received 1/9/13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund of the Pacific Southwest PAC

Mailing Address 1075 El Camino del Rio South

City State Zip Code
 San Diego CA 92108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22178.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : NONA12

Amount of Each Receipt this Period

14795.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11358.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : NONA13

Amount of Each Receipt this Period

3163.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11358.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : NONA14

Amount of Each Receipt this Period

8195.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11C
Transaction ID : NONA12

Original contribution received 8/20/13

Form/Schedule: SA11C
Transaction ID: NONA13

Original contribution received 8/14/13

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11C
Transaction ID : NONA14

Original contribution received 8/2/13

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 20
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Advocates Mar Monte Candidate PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45886.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : NONA17

Amount of Each Receipt this Period

15288.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocates Mar Monte Candidate PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45886.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : NONA15

Amount of Each Receipt this Period

30598.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13652.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : NONA11

Amount of Each Receipt this Period

13652.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA17

Original contribution received 12/14/12

Form/Schedule: SA11C

Transaction ID: NONA15

Original contribution received 7/30/13

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA11

Original contribution received 10/28/13

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Vote Planned Parenthood Shasta-Pacific, a project of Planned Parenthood Shasta-Pacific Act

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10827.09

Date of Receipt

M M / D D / Y Y Y Y
02 14 2014

Transaction ID : NONA10

Amount of Each Receipt this Period

10513.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Vote Planned Parenthood Shasta-Pacific, a project of Planned Parenthood Shasta-Pacific Act

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10827.09

Date of Receipt

M M / D D / Y Y Y Y
02 14 2014

Transaction ID : NONA25

Amount of Each Receipt this Period

314.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

2084.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA10

Original contribution received 11/7/13

Form/Schedule: SA11C

Transaction ID: NONA25

Original contribution received 10/30/13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

00:

Category/
Type

4453.18

03 / 28 / 2014

00.

Category/
Type

294.00

Category/
Type

4747.18

4747.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Commerce Printing Services

Mailing Address 322 North 12th Street

City	State	Zip Code
Sacramento	CA	95811

Purpose of Disbursement
Printing Services for Labels - Nonfederal Expenses

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

Transaction ID : EXPB3

Amount of Each Disbursement this Period

325.50

Full Name (Last, First, Middle Initial)

B. Commerce Printing Services

Mailing Address 322 North 12th Street

City	State	Zip Code
Sacramento	CA	95811

Purpose of Disbursement
Printing Services for Legislative Scorecard - Nonfederal Expenses

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

Transaction ID : EXPB4

Amount of Each Disbursement this Period

797.48

Full Name (Last, First, Middle Initial)

C. Democratic State Central Committee of California

Mailing Address 1401 21st Street, Suite 200

City	State	Zip Code
Sacramento	CA	95811

Purpose of Disbursement
Contribution to Nonfederal Committee

011

Candidate Name

Democratic State Central Committee of California

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2014

Transaction ID : EXPB2

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2622.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB1Purpose of Disbursement
Nonfederal Independent Expenditure

011

Amount of Each Disbursement this Period

Candidate Name

600.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

3222.98

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):
Staff Time for Fundraiser

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD19

Amount Incurred This Period

4914.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

4914.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Election Strategy Dinner Expenses

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD20

Amount Incurred This Period

540.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

5454.93

2) TOTALS This Period (last page this line number only)..... ►

5454.93

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

5454.93